



Maternal Child Health Program
Community Health Services Division of the
Frederick County Health Department
350 Montevue Lane, Frederick, MD 21702



Miriam Dobson, RN
Program Supervisor
301-600-3586

FISCAL YEAR 2014 IN REVIEW

Overview

In fiscal year 2014 the Special Delivery program admitted 122 pregnant women and 94 infants. Special Delivery nurses completed care of 111 individuals including 57 prenatal and 54 infants. The nurses made 2,181 contacts to clients throughout the year including 21 home visits and 69 face to face visits. MCH is a Cribs for Kids Partner. Cribs for Kids pack and plays were distributed to provide a safe sleep environment for 11 babies. The five most prevalent risk factors related to admission for fiscal year 2014 were: first time pregnancy (61), history of depression (35), current or tobacco use within the last 6 months (30), teen pregnancy (26), and African American (20).

Prenatal Case Management

Referrals

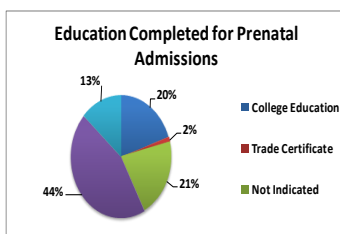
Special Delivery receives prenatal referrals from a variety of sources. The top 5 sources in this fiscal year were: ACCU 117 referrals, Capital Women's Care 57 referrals, Simmonds, Martin and Helmbrecht 19 referrals, FMH Prenatal Center 17 referrals, Frederick OB GYN Center 13 referrals as well as 15 self referrals.

Outcomes

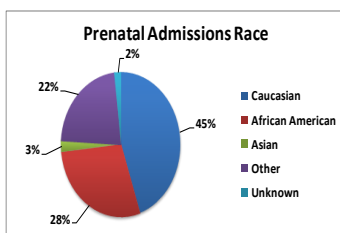
Of the women whom delivered, 86% (73) delivered at full term (>37 weeks), while 14% (12) had a preterm birth (<37 weeks).

Demographics

Of the women admitted into prenatal case management 52 (45%) were Caucasian, 33 (28%) African American, 26 (22%) Hispanic/Other, and 3 (3%) Asian. Forty-four percent had completed high school or gotten a GED, 20% had some college education, 13% had an incomplete high school education, a few had been certified in some type of trade and the rest did not indicate.

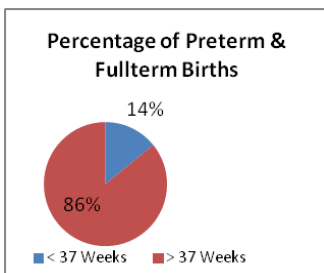


Over 50% of the women in prenatal case management live in the following zip codes: 21701, 21702, and 21703.



Infant Case Management

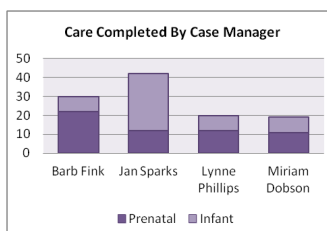
Of the babies born in case management, 77 were normal birth weight, 2 low birth weight and 6 very low birth weight.



Our top referral sources for infants in the past fiscal year were FMH (88), known to SD (71), Shady Grove Adventist (8), and an equal number between John Hopkins Baltimore NICU and UMD NICU (6). The majority of the infants in case management are from Frederick City area 21701, 21702, and 21703.

Care Completed by Case Manager

In fiscal year 2014 Barb Fink completed care of 30 individuals, Jan Sparks completed care of 42 individuals, Lynne Phillips completed care of 20 individuals, and Miriam Dobson completed care of 19 individuals



Significant Accomplishments in FY 2014

- Use of an electronic Medical record was begun along with use of case management software which greatly improved how we track our productivity
- Improved communication with Healthy Families, School Health and Capital Women's Care Frederick

Room for Improvement

- Increased referrals
- Interview standardization
- Improvement to EMR notes
- More data tracking tools

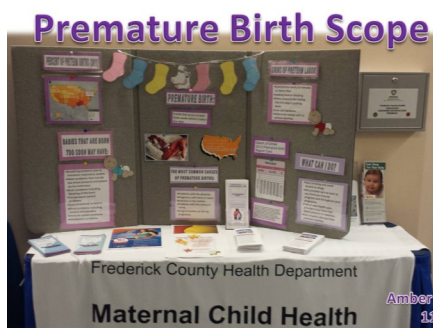
FIMR

FIMR is a strategic community think tank that exists to review fetal and infant deaths due to natural causes. Members include health, community and social services professionals. A systems review is done to explore areas in need of improvement and when identified, an action plan is put in place.

In 2 of the 11 cases reviewed, the mother's thoughts, reflections and suggestions were presented to the board after an interview with the FIMR coordinator.

All information reviewed is completely anonymous.

There were 2 FIMR maternal interviews and 3 non FIMR eligible maternal interviews conducted in fiscal year 2014. 11 cases were reviewed, 21 actions were identified and 9 actions were completed.



301-600-1757

Highlights from FY 2014 include:

- Development and distribution of bereavement pamphlets in English, Spanish, and Burmese
- Guest presentation by Denise Hall Brown Rollins of Whole Heart Bereavement Center for members and the general public
- Presentation by former board member Kim Edmands on Compassionate Friends Frederick
- In-service provided to Capital Women's Care by two FIMR members on perinatal loss.
- Presentation by Sarah Drennan from FCHD Substance Abuse about substance abuse resources available for pregnant women.

FIMR Goals

I would like to maintain an interactive committee where there is lively discussion

I would like to see action plans from the meeting be completed

I would like to see co sponsored Lunch and Learn or presentation at least once a fiscal year and more often if possible.

CFR

CFR is a strategic community think tank that exists to review infant and child deaths due to non-natural causes. Board members include of health, social services, advocacy and law enforcement professionals.

A systems review is done to explore areas in need of improvement and when identified, an action plan is put in place.

MCH assumed responsibility for chairing this committee as of

January 2014. In FY 14, 9 Child deaths reviewed and 10 community actions were undertaken.

Highlights for FY 2014:

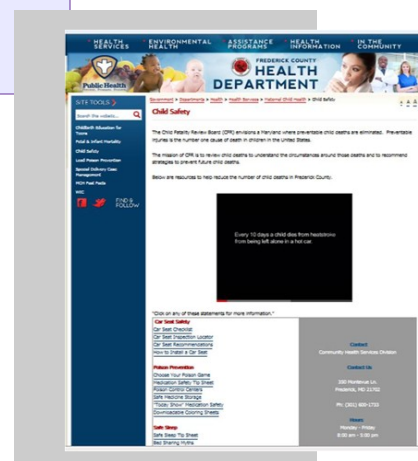
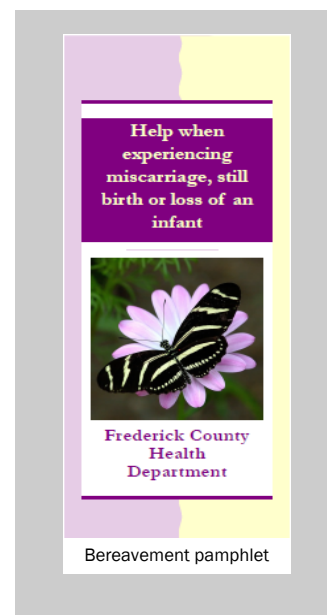
- Reorganization of the Child Safety Review Board
- Development of the Child Safety webpage <http://frederickcountymd.gov/childsafety>
- Sub committee formed to evaluate guidelines the media uses in reporting violence against children.

CFR Goals

I would like maintain an interactive committee where there is lively discussion.

I would like to see action plans from the meeting be completed

I would like to see information sharing with agencies of both committees with appropriate educational or helpful services available in the committee.





Barbara Fink, RN 301-600-3472

TEEN CHILDBIRTH EDUCATION (TCBE)

Classes are for pregnant teens age 13 to 21. In FY 14, 37 teens were registered to attend classes. Girls who complete all four classes are entered into a drawing to win a "Safe

Of the many comments received regarding this class a labor and delivery nurse reported: “the girls who took the classes were better prepared and less nervous”. A teen mom reported: “...The class improved my birth experience”

The TCBE coordinator participated in outreach events to increase awareness including:

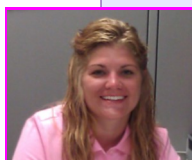
- Launching a social media campaign during National Prevent Teen Pregnancy Day 5-7-14
- Educating school health nurses
- Developing a Teen webpage and
- Featuring in the Focus on Health series about the TCBE classes.



Facebook post from the social media campaign



MCH OUTREACH FOR FY 2014



Amber Nalley, BS , CHES

Coordinator 301-600-3326

- Maternal Child Health's health educator and nurses participated in or facilitated 13 outreach events.
- Amber Nalley, BS, CHES has updated the MCH websites. Each web page has a shortcut name to make access easier from the worldwide web. New web pages for teens, child safety and fast facts have been added.
- The health educator

featured in the Focus on Health series about the Special Delivery Program.

- A display board in the hall of FCHD is changed on a monthly basis to inform individuals about important topics related to prenatal and infancy health.
- A marketing campaign resulted in working with new referral providers such as the Department of Social Services and Healthy

Families Frederick.

- New contact cards were developed for outreach purposes and distributed to all ob and pediatric offices as well as community partners.

Teen CBE Coordination Goals:

- Increased enrollment
- Increased attendance in all 4 classes



LEAD POISONING PREVENTION PROGRAM

100% of cases of children age seven and younger with a blood lead level of 10 or higher are referred to the lead case management coordinator who conducts an assessment, provides health education and risk reduction review. For those children referred with a lead level under 10 the lead case manager will call the parents and send out educational materials. Care coordination along with a home visit with a regional sanitarian is conducted when the lead level is 14 or higher.

There were 6 children admitted to Lead case management in FY 2014. The total lead case management case load for fiscal year 2014 was 8. Lead Poisoning Prevention program now uses the electronic case management and electronic medical record format.

Children who present with two lead levels under ten will be discharged from the program. If the child ages is over seven they are discharged from the program as well.



Lynne Phillips

Childhood Lead
Poisoning Prevention
Coordinator

301-600-3379



FY 15 lead Goal:

Reduction of Lead levels for admitted clients by 50%

“Protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. And effects of lead exposure cannot be corrected.”

“The goal is to prevent lead exposure to children **before** they are harmed. There are many ways parents can reduce a child’s exposure to lead. The most important is stopping children from coming into contact with lead. Lead hazards in a child’s environment must be identified and controlled or removed safely.”

[WWW.CDC.gov](http://www.CDC.gov)

HOME BIRTH REGISTRATION

For fiscal year 2014, MCH received 6 home birth preregistrations and completed 6 home birth verification home visits.

FAQs re: Home Births in Maryland

<http://dhmh.maryland.gov/vsa/SitePages/home-birth.aspx>

Maryland law requires that all births occurring in the State be registered with the Maryland Department of Health and Mental Hygiene (MD Health-General Code Ann. 4-208). Registration of your child's birth establishes the facts of birth and will be used throughout your child's lifetime for a variety of legal purposes. When a baby is born outside of an institution, the local health officer or designee of the jurisdiction where the birth occurred is required to attempt to verify the facts regarding the birth (COMAR 10.03.01.02F). If the facts can be verified, the local health officer will sign the birth record and file the record with the Department of Health and Mental Hygiene. If the facts regarding a birth cannot be verified by the local health officer, parents may seek an order from a court of competent jurisdiction that lists the facts about the birth and orders the Secretary of the Department of Health and Mental Hygiene to create the birth record. Pre-registration is available at the Frederick County Health Department and simplifies the registration process that will take place after the baby is born.

REPORT CARD

Indicator	Frederick County (as of 2013)	National 2020 Goal	Met National 2020 Goal
Infant Mortality Rate (per 1,000 Live Births)	4.8	6.0	Yes
Preterm Birth	9.7%	11.4%	Yes
Low Weight Births	7.4%	7.8%	Yes
First Trimester Prenatal Care	75.3%	77.9%	No

Infant Mortality

-In 2013, there were 13 infant deaths in Frederick County.

-The Infant Mortality Rate (IMR) was 4.8 per 1,000 live births.

-This rate is up from the 2012 IMR of 4.4.

-The overall rate since 2000 is trending downward slightly.

-The 2013 Frederick County IMR is 27% less than the Maryland rate of 6.6.

Pre Term Birth

-In 2013, 9.7% of live births in Frederick County were preterm.

-The March of Dimes goal is 9.6%, while the *Healthy People 2020* goal is 11.4%.

-The percent of preterm births in Frederick County has decreased from the previous year from 10.5% to 9.7%.

-Both Frederick County and Maryland met the *Healthy People 2020* standards.

Low Birth Weight

-In 2013, there were 2,716 births in Frederick County.

-7.4% were low birth weight, this was a decrease from 8.2% in 2012.

-Frederick County has consistently had a lower percentage of low birth weight than Maryland.

-The *Healthy People 2020* goal is for no more than 7.8% of births to be classified as low birth weight.

-Frederick County met the goal of *Healthy People 2020* for the year 2013.

Early Preterm Care

(Early entry into prenatal care is defined as prenatal care beginning in the 1st trimester of pregnancy)

-In 2013, 75.3% of all women giving birth in Frederick County reported receiving prenatal care during their first trimester of pregnancy.

-This number has fallen since the previous year and still falls short of the *Healthy People 2020* goal of 77.9%.

-There is disparity between the racial groups.

-No racial group met the *Healthy People 2020* goal for 2013.

-The Black non-Hispanic and Hispanic populations are still lower than the White non-Hispanic group.

